PTO/SB/05 (12-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Dockel Number 10/743 56 0 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FRED NUMBER EXTRA RATE (\$) FEE (\$) BASIC FEE (3) CFR 1.16(a), (b), co (c)) RATE (\$) FEE (\$) SEARCHFEE (37 CFR 1.16(N.). (1), or (m)) EXAMINATION FEE (37 CFR 1.16(0), (p), a (q)) TOTAL CLAIMS (37 CFR 1.16(1)) × 25 : minus 20 × OR × 50 INDEPENDENT CLAIMS (37 CFR 1.15(h)) x/00 x 200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 15(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1)) "If the difference in column 1 is tess than zero, enter "O" in column ? TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) OTHER THAN (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAMAS HIGHEST REMAINING KUMBER PRE SENT RATE (\$1 ADDI-RATE (S) T126/06 AFTER ADDI-PREVIOUSLY EXTRA ENDMENT TIONAL AMENDMENT TIONAL PAID FOR FEE (\$) Total FEE (\$) Marius Ò つ 25 x 30 Independent (3) CFR + (6)(4) OR Mones 2 100 200 Application Size Fee (37 CFR 1 16(s)) FIRST CRESCULATION OF BREWITE DEFICING TO CLASS OF CORP. 16 OR TOTAL TOTAL ADD'L FEE ACO'L FEE OR (Column 1) (Calumn 2) (Catuma 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-AFTER RATE (S) 13/6 PREVIOUSLY ADDI-ENDMENT TIONAL AMENDMENT PAID FOR TIONAL FEE (S) Tola FEE (\$) Mone IST CFR Independent OR Linns OR Application Size Fee (37 CFR 1'16(s)) FIRST PRESENTATION OF MILETIPLE DEPENDENT CLAIM (DECENT CHAIL) OR TOTAL TOTAL APEN FEE ADD'L FEE If the entry in column 1 is less than the entire in column 2, wide 10, in column 1 Right of Number Previously Paid For the THIS SPACE in test than 20, only 120

If the Highest Number Previously Paid For the HHIS SPACE incless them 20, enter 120.

If the Highest Number Previously Paid For the HHIS SPACE incless than 3, enter 17.

The Highest Number Previously Paid For the HIS SPACE incless than 3, enter 17.

This collection of information is required by 37 CPR 1 to The information is required to obtain or retain a benefit by the public which is to fide (alid by the including gathering, preparing, and submitting the complete application from the including gathering, preparing, and submitting the complete application from the interval of time will require to complete this form and in sugger aron form to the INSPTO. Time will vary depending upon the individual case. Any comments and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra 1 & 22313-1450. DO NOT, SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.